

WATER FACILITIES INVENTORY (WFI) FORM Quarter: 1 Updated: 01/24/2007

ONE FORM PER SYSTEM

Updated: 01/24/2007 Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Other RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| 03160 V ARTONI | DALE WATER SYSTE | M | PIERCE | | 4. GRC | Comm |
|--|---|--|---|--|--|-------------------------------------|
| 6. PRIMARY CONTACT NAME & M. | AILING ADDRESS | Samsanio (175) | 7. OWNER NAME & MA | ILING ADDRESS | 8. Owner N | umber 000212 |
| PO BOX 44 | Chief Ops. Offic IMAN [OPERATION S -MAN 427 VA 98448-0427 | AGER] | RAINIER VIEW BOB BLACKMA PO BOX 44427 TACOMA, WA 9 | .N | • | IER CONTACT |
| STREET ADDRESS IF DIFFERENT F ATTN ADDRESS CITY | FROM ABOVE STATE ZIP | | STREET ADDRESS IF D ATTN ADDRESS 5410 189 CITY PUYALLU | TH ST E | STATE WA | zip 98375 |
| 9. 24 HOUR PRIMARY CONTACT II | NEOPMATION | i pagada di managana | 10. OWNER CONTACT | INFORMATION | nggagagagaga | |
| Primary Contact Daytime Phone: | (253) 537-6634 x1213 | STATE OF THE STATE | Owner Daytime Phone: | (253) 537 | -6634 | <u>IMBROUSERSONS AN THE</u> |
| Primary Contact Mobile/Cell Phone: | | | Owner Mobile/Cell Phor | | | |
| Primary Contact Evening Phone: | (253) 537-6634 | | Owner Evening Phone: | (253) 537 | -6634 | |
| Fax:(253) 537-7896 E-mai | : bob@rainierviewwater.co | m | Fax: (253) 537-789 | · · · · · · · · · · · · · · · · · · · | @ranierviewwa | ter.com |
| | AC 246-290-420(9) requires that | water systems pr | | Resultation extra a succession of the succession | nergencies. | |
| 11. SATELLITE MANAGEMENT AC Not applicable (Skip to a continuous) Owned and Managed Managed Only Owned Only | | | | | SMA Nun | nber: |
| 12. WATER SYSTEM CHARACTER | RISTICS (mark ALL that apply) | | | | | |
| □ Agricultural □ Commercial / Business □ Day Care □ Food Service/Food Permit □ 1,000 or more person event for 2 or | | Hospital/Clinic Industrial Licensed Resi Lodging Recreational / | dential Facility | · · | | (C.): |
| 13. WATER SYSTEM OWNERSHIP | (mark only one) | | | | 14. STORAGE CA | APACITY (gallons) |
| □Association | County | Investor | · · | cial District | on and the state of the state o | oraxeen marines have a pro-17666444 |
| □City / Town | ☐ Federal | ☐ Private | □ Stat | Э | 57 | 79,000 |

--- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES ---

| 4 eversus up 10 eversus usus | 2 COUNTY | A opour E Type |
|-------------------------------------|-----------|--------------------|
| 1. SYSTEM ID NO. 2. SYSTEM NAME | 3. COUNTY | 4. GROUP 5. TYPE |
| | | |
| 03400 V ADTONDALE WATER CYCTEM | DIEDOE | A Comm |
| 03160 V ARTONDALE WATER SYSTEM | PIERCE | I A Comm I |
| I 00 100 V IARTONDALL VVATER OTOTER | I ILIVOL | Outility |

| 15 | 16 SOURCE NAME | 17 Intertie | 18 SOURCE CATEGORY | | | | | | 19 JSE | | 20 | D 21 TREATMENT | | | | 22 DEPTH | 23 | SOURC | 24 E LO | CATI | SINGE ON THE | | | | | | | |
|---------------|---|------------------------------------|-----------------------|------------|----------------------|--------|--------------|-----------------------|-----------|---------------|-----------------------|-------------------|-----------|----------|-----------|----------------|------|--------------|-------------------|--------------|------------------|-------|--------------------------------------|----------------------------------|------------------|----------------|----------|-------|
| Source Number | LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE | INTERTIE SYSTEM ID NUMBER | WELL TO THE TABLE | WELL FIELD | WELL IN A WELL FIELD | SPRING | SPRING FIELD | SPRING IN SPRINGFIELD | SEA WATER | SURFACE WATER | RANNEY / INF. GALLERY | OTHER | PERMANENT | SEASONAL | EMERGENCY | SOURCE METERED | NONE | CHLORINATION | FILTRATION | FLUORIDATION | IRRADIATION (UV) | OTHER | DEPTH TO FIRST OPEN INTERVAL IN FEET | CAPACITY (GALLONS PER MINUTE) | 1/4, 1/4 SECTION | SECTION NUMBER | TOWNSHIP | RANGE |
| S01 | WELL A ARTONDALE | | Χ | | | | | | | | | | | | Χ | | Χ | _ | _ | | \Box | | 165 | 70 | NE NW | 24 | 21N | 01E |
| S02 | WELL B ARTONDALE | | Χ | | | | | | | | | | | _ | Χ | | Χ | _ | Ц | | | | 160 | 30 | NE NW | | | 01E |
| S03 | InAct 09/01/1995 WELL #3 CANTA RANA | | Χ | | | | | | | | | | Χ | | | | Χ | | | | | | 350 | 350 | SW NW | 24 | 21N | 01E |
| S04 | WELL A/BAYVIEW | | | | Χ | | | | | | | | Χ | | | Υ | Χ | | | | | | 215 | 220 | SE SW | 24 | 21N | 01E |
| S05 | WELL B/BAYVIEW | | | | Χ | | | | | | | | Χ | | | Υ | Χ | | | | | | 249 | 50 | SE SW | 24 | 21N | 01E |
| S06 | WELL A/PINECREST | | | | Χ | | | | | | | | Χ | | | Υ | | Χ | | | | | 298 | 150 | SE SE | 23 | 21N | 01E |
| S07 | WELL B/PINECREST | | | | Χ | | | | | | | | Χ | | | Υ | | Χ | | | | | 405 | 170 | SE SE | 23 | 21N | 01E |
| S08 | InAct 08/12/1992 WELL #8 HIDDEN RIDGE | | Χ | | | | | | | | | | | Χ | | | Χ | | | | | | 200 | 280 | SE SE | 23 | 21N | 01E |
| S09 | WELL #9 TANK SITE | | Χ | | | | | | | | | | Χ | | | Υ | | Χ | | | | | 405 | 225 | SE NE | 23 | 21N | 01E |
| S10 | WELL #10 SWANSON | | Χ | | | | | | | | | | Χ | | | Υ | | Χ | | | | | 364 | 390 | NW SE | 23 | 21N | 01E |
| S11 | WELL #11 WESTPARK | | Χ | | | | | | | | | | | | Χ | | Χ | | | | | | 243 | 258 | NW SW | 24 | 21N | 01E |
| S12 | WELL #12 CROMWELL | | Χ | | | | | | | | | | | | Χ | | Χ | | | | | | 185 | 25 | NW SE | 25 | 21N | 01E |
| S13 | WELL #13 SEAFOX | | Χ | | | | | | | | | | | | Χ | | Χ | | | | | | 230 | 250 | NW SE | 25 | 21N | 01E |
| S14 | WELL #14 LOCKER RD. | | Χ | | | | | | | | | | | | Χ | | Χ | | | | | | 265 | 25 | NE NE | 22 | 21N | 01E |
| \$15 | WELL #15 CEDAR HAVEN | | Χ | | | | | Γ | | | | | | | Χ | | Χ | | | | | | 180 | 20 | SW SE | 24 | 211 | 01E |
| S16 | InAct 05/19/1997 WELL MADRONA | | Х | | | | | | | | | | Χ | | | Υ | | Χ | | | | | 380 | 360 | NW NE | 23 | 21N | 1 01E |
| S17 | BAYVIEW A & B | | Π | Χ | | | | | | | | | Χ | | | Υ | Χ | | | | \Box | | 215 | 270 | SE SW | 24 | 211 | 01E |
| S18 | PINECREST A & B | | Π | Χ | | | | | Π | | | | Χ | | | Υ | | Χ | | | | | 298 | 320 | SE SE | 23 | 211 | 01E |

| 1. SYSTEM ID NO. 2. SYSTEM NAME 03160 V ARTONDALE WATER SYSTE | iumiistri M | | en in Prisi Peninink | PERSONAL INCOME. | COUNTY RCE | AND THE PARTY OF T | | | 4. | group A | 5. TYPE Comm | | |
|---|---|---------------|-------------------------|------------------|------------------|--|----------------------|----------|------------------|------------|-----------------|-------------------|--|
| | | | | | | | ACTIVE SE CONNECT | IONS | DOH USI CALCU | | | SE ONLY! COVED | |
| 25. SINGLE FAMILY RESIDENCES (How many of the fol | lowing do | you ha | /e?) | 100 | | | 0 | | 14: | | 16 | 69 | |
| A. Full Time Single Family Residences (Occupied 180 days or more per year) | | | | | | | 1437 | 1179 | | | | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year | ır) | | | | | | 0 | | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man | y of the f | ollowing | do you h | ave?) | | 200 | | | | | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms | | | | | | | 0 | | | | | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the | nat are occup | ied more th | an 180 days/ | year | | | 0 | | | | | | |
| C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms t | hat are occu | pied less tha | <i>n</i> 180 days/y | ear | | | 0 | | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of the | | | | | | 10000 | | | | | | | |
| A. Recreational Services and/or Transient Accommodations (Campsites, RV s | | otel/overnigl | nt units) | | | | 0 | | С | | 0 | | |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, | | | | | | | 0 | | C | | | 0 | |
| | 28. | TOTAL | SERVICE | CONNE | CTIONS | | Stratili, | | 14: | 37 | 16 | 669 | |
| 29. FULL-TIME RESIDENTIAL POPULATION | 1411111111 | | | a and a second | | | 1000 | | | | | | |
| A. How many residents are served by this system 180 or more da | ys per yea | r? | | | 25 93 | 444 | 18 | | | | | | |
| | | | | | | | | | | | | | |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | |
| A. How many part-time residents are present each month? | | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | *************************************** | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC | |
| A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | JAN 4 | FEB 4 | MAR 4 | APR | MAY | JUN 4 | JUL 4 | AUG 4 | SEP 4 | OCT 4 | NOV 4 | DEC 4 | |
| 35. Reason for Submitting WFI: ☐ Update - Change ☐ Update - No Change ☐ 36. I certify that the information stated on this WI SIGNATURE: PRINT NAME: | FI form i | s correc | t to the | best of I | my knov | vledge. | | | | | | | |



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2 Updated: 06/29/2001

ONE FORM PER SYSTEM

Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| 1. SYSTEM ID NO. 2. SYSTEM NAME 45061 H CASCADE HIGHLANDS | 3. COUNTY 4. GROUP 5. TYPE PIERCE A Comm |
|--|---|
| 6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Cps Officer BOB BLACKMAN [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427 | 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 RAINIER VIEW WATER CO BOB BLACKMAN TITLE: OWNER CONTACT PO BOX 44427 TACOMA, WA 98448 |
| STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP | STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375 |
| 9. 24 HOUR PRIMARY CONTACT INFORMATION | 10. OWNER CONTACT INFORMATION |
| Primary Contact Daytime Phone: (253) 537-6634 x1213 | Owner Daytime Phone: (253) 537-6634 |
| Primary Contact Mobile/Cell Phone: | Owner Mobile/Cell Phone: |
| Primary Contact Evening Phone: (253) 537-6634 | Owner Evening Phone: (253) 537-6634 |
| Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com | Fax: (253) 537-7896 |
| WAC 246-290-420(9) requires that water systems pr | ovide 24-hour contact information for emergencies. |
| 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) Owned and Managed SMA NAME: Managed Only Owned Only | SMA Number: |
| 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) □ Agricultural □ Hospital/Clinic □ Commercial / Business □ Industrial □ Day Care □ Licensed Resident □ Lodging □ 1,000 or more person event for 2 or more days per year □ Recreational / | ☐School ☐Temporary Farm Worker ☐Other (church, fire station, etc.): |
| 13. WATER SYSTEM OWNERSHIP (mark only one) | 14. STORAGE CAPACITY (gallons) |
| □ Association □ County ■ Investor □ City / Town □ Federal □ Private | ☐ Special District ☐ State 9,000 |
| 15 16 17 18 SOURCE NAME INTERTIE SOURCE CATEGO | 19 2 21 22 23 24 |
| LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLE SYSTEM REIT HELD NUMBER LIST SELLE SEATTLE REIT HELD NUMBER Example: SEATTLE | ATER F. GALLERY TERED ON ON A (UV) ON Y (GALLONS MINUTE) ION MBER |
| S01 WELL#1 X | X X 123 30 NE SW 24 19N 05E |
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| 1. SYSTEM ID NO. 2. SYSTEM NAME 45061 H CASCADE HIGHLANDS | | | a dhilisid | (culumerant), sassurase | COUNTY RCE | | A. (25.21) | | 4.10 | GROUP A | 5. т | | |
|--|-------------------------------------|----------|---|-------------------------|---------------|--------------------|---------------|-------------|-------------------|---------------------------|------------------|-----------------|--|
| | | | jedolodeci sendidjedj sengrodel spalacec | | | C2055 edd 505 1155 | ACTIVE SEF | 1140-1-0000 | DOH USE CALCUL | ATED | DOH USI APPRI | 0.6154005584100 | |
| 25. SINGLE FAMILY RESIDENCES (How many of the following th | owing do | you hav | re?) | utenjakije | | | 0 | | ACTIVE CON 32 | | 3 | 8 | |
| A. Full Time Single Family Residences (Occupied 180 days or more per year) B. Part Time Single Family Residences (Occupied less than 180 days per year) | N | | | | | | 32 | | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man) | | ollowina | do vou h | ave?) | | | 0 | sasiya | | | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms | y or me i | onoming | do you n | iave, j | | | 0 | | | | | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the | | | | | | | 0 | | | | | | |
| C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms th | | | | rear | | | 0 | | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of the A. Recreational Services and/or Transient Accommodations (Campsites, RV silentees). | | | | | | | <u> </u> | шигж | | 6 | | | |
| R. Recreational Services and/or Transient Accommodations (Campsies, NV sil B. Institutional, Commercial/Business, School, Day Care, Industrial Services, et | | | it utitis) | | | | 0 | | 0 | ander 1771 Designation | | | |
| 311 | | TOTALS | SERVICE | CONNEC | CTIONS | | | dan arab | 32 | | 3 | | |
| 20 FILL TIME DESIDENTIAL DODGE ATION |). FULL-TIME RESIDENTIAL POPULATION | | | | | | | | | | | | |
| A. How many residents are served by this system 180 or <i>more</i> day | ys per yeai | r? | | | 80 | allis III alli | | | | ing and the fi | | | |
| Machines in a control of the latest and the latest | | | | | | | | | le lessante | | Nov | 250 | |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC | |
| A. How many part-time residents are present each month? | | | | | | | · | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | |
| A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | : | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | ₩ JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | |
| | 1 | | | 1 | 1 | | 1401 1 | 1 | | 111 | | | |
| | | | | | | | | | | | | | |
| 35. Reason for Submitting WFI: | | | | | | | | a pilit | | | ujeniula e | | |
| ☐ Update - Change ☐ Update - No Change ☐ | Inactiva | te 🔲 | Re-Activ | ate 🔲 | Name Cl | nange | □ New | Syster | n 🗆 Oth | er | | | |
| 36. I certify that the information stated on this Wi | I form i | s correc | t to the | best of | my knov | vledge. | | | | | | | |
| SIGNATURE: | | | | | | TE: | | | | | | | |
| PRINT NAME: | | | | | | rle: _ | | | | | | | |
| | | | | | | | | | | | | | |

Water System Copy



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2 Updated: 11/28/2006

ONE FORM PER SYSTEM

Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| | 59609 5 CHATEAU WOO | DS | luns: | 16.031 | 6.6111 | | | | | 1000000 | | RCE | | 11355 | asi il A | (dial) | | | | | 4. GR A | X45:00 (00 c) | | mn | |
|-------------------|--|------------------------------------|--------------|-------------|------------------------|---|------------|-----------|-----------------------|-----------------------|-----------|-----------------------------------|--|----------|----------|------------|--------------|------------|-----------------|--------------------------------------|-------------------------------|------------------|----------------|----------|-------|
| 6. P | RIMARY CONTACT NAME & MAILING ADDR ROBERT BLACKMAN PO BOX 44427 TACOMA, WA 9844 | Chief Ops [MANAGER] | , OF | (ica | 24 | | | 7 | RA BO PO | AINII OB E O BC | ER 3LA | ME& VIE ACKI 444 A, W | W ' MA 27 | WA N | ιΤΕ | it; Nody I | | BRIAL AVER | | • | | Number 0 | | | |
| ATTN | RESS | STATE | ZIF |) | 11:12: | | | AT AD | TN | SS | 54 | 10 1 JYAL | 89 ⁻ | ТН | | | RO | M A | BO' | | WA | ZIP 98 | 3375 | | |
| 9. 2 | 4 HOUR PRIMARY CONTACT INFORMATION | | ar jag | | lie en | nii e | Her | 1 | 0. o | WNE | RC | ONTA | CT | INF | ORI | TAN | ION | | | | 10 % 31) 2 (8) 9 | 44250504 | | 415 | 1115 |
| Prim | ary Contact Daytime Phone: (253) { | 537-6634 | | | | | | 0, | wner | Dayt | ime | Phor | ie: | | | (25 | 3) : | 537 | ⁷ -6 | 634 | | | | | |
| Prim | ary Contact Mobile/Cell Phone: | | | | | | | 0 | wner | Mob | ile/0 | Cell P | hon | e: | | | | | | | | | | | |
| Prim | nary Contact Evening Phone: (253) | 537-6634 | | | | | | 0 | wner | Ever | ning | Pho | ne: | | | (25 | 3) : | 537 | 7-6 | 634 | | | | | |
| Fax: | 253) 537-7896 E-mail: bob@ir WAC 246-290- | aighervieu 420(9) requires | ىرى that | a to wat | گ≨. ers | دی yster | ns p | | ٠ | | , | 37-7 conta | | | L | | | | Ě | | | ater.com | | | |
| | SATELLITE MANAGEMENT AGENCY - SMA Not applicable (Skip to #12) Owned and Managed Managed Only Owned Only | SMA NAME | : | | | | | 10,000 | | 100000 | | | | | | | | | 1-54 | | SMA Nu | ımber: | 2 2112 | | |
| | WATER SYSTEM CHARACTERISTICS (mark Agricultural Commercial / Business Day Care Food Service/Food Permit 1,000 or more person event for 2 or more days | | | |] Ind] Lid] Lo | espital dustria censec dging creati | al d Re | siden | | - | / | 11 631 | SECTION AND ADDRESS OF THE PROPERTY OF THE PRO | | | [| ⊐s ⊐⊤ | | ol ora | ry Farm ¹ | Worker station, | etc.): | | | |
| 13. | WATER SYSTEM OWNERSHIP (mark only o | пе) на Напа | | i i i li | re i | | jili - | Miles. | | | | arija. | 1172 | 448 | | | 1111 | | : H | 14. STO | RAGE (| CAPACITY | (gallo | ns) | |
| I _ | Association | - | | | X | | | | | | | | | | Distr | ict | | | | | | 37,000 | | | |
| 15 | 16 Source Name | 17 INTERTIE | | 5 | OUR | 18 CE C/ | | ORY | | | | 19 ISE | 2 | | TF | 2 REAT | | ŧΤ | | 22 DEPTH | 23 | SOUR | 24 CE LC | CATIO | ON |
| Source Number | LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE | INTERTIE SYSTEM ID NUMBER | WELL | WELL FIELD | | | PRINGFIELD | SEA WATER | RANNEY / INF. GALLERY | OTHER | | SEASONAL | TERED | NONE | SINATION | | FLUORIDATION | ATION (UV) | ОТНЕК | DEPTH TO FIRST OPEN INTERVAL IN FEET | CAPACITY (GALLONS PER MINUTE) | 1/4, 1/4 SECTION | SECTION NUMBER | TOWNSHIP | RANGE |
| S01 | WELL #1 ABA848 | | | Х | | | | | | | Х | | Υ | | Χ | | | | | 66 | 100 | NE NE | 20 | 18N | _ |
| S02 | WELL #2 ABA826 | | 4 | X | \perp | | \bot | | | _ | Х | | Υ | L | Х | Ц | | | _ | 63 | 60 | NE NE | 20 | | 04E |
| S03 | WELLS # 1,2 | | | X | \vdash | H | + | + | \dashv | + | X | + | ┡ | \vdash | Х | Н | _ | \dashv | \dashv | 66 | 160 | NE NE | 20 | 18N | 04E |
| 151 151 151 | | | + | + | + | \vdash | + | + | + | + | + | + | \vdash | \vdash | - | Н | | \dashv | \dashv | | | | + | <u> </u> | |

| 1. SYSTEM ID NO. 59609 5 | 2. SYSTEM NAME CHATEAU WOODS | | | | | COUNTY | | | | un 4. (| GROUP A | 5. т Сог | |
|--|---|--|---------------|----------------------|---|--------------------------------------|-------------------|-------------------|--|---------------------------------|---------------------------------|----------------------------|---|
| | | a seguination | | eggli Balladi | | nesta est | | uji esami bes ili | ajpattia i | | | allia de sep _{ro} | |
| | | | | gan kabbi Paninti | | analidilidil Bangerak Bana and | | ACTIVE SEF | ONS | DOH USE CALCUL ACTIVE CON | ATED | DOH USE APPRO | 44.56.50.50.50.50.50.50.50.50.50.50.50.50.50. |
| 25. SINGLE FAMILY | RESIDENCES (How many of the following | owing do | you hav | /e?) | 119-11 | | | 0 | | 71 | Daniel and Antonyoper and April | 7: | 2 |
| , | Residences (Occupied 180 days or more per year) | | | | | | | 2/ | 9 | | | | |
| <u> </u> | Residences (Occupied less than 180 days per year | | | | | | | 0 | | | | | |
| | RESIDENTIAL BUILDINGS (How many | y of the f | ollowing | do you h | iave?) | | Carolistic Cor | | | | | | |
| , | dos, duplexes, barracks, dorms its in the Apartments, Condos, Duplexes, Dorms tha | at are equi | ind mare the | an 190 daya | 100r | | | 0 | | | | | |
| | its in the Apartments, Condos, Duplexes, Dorms th | | | | | | | 0 | | | | | |
| 27. NON-RESIDENTI | IAL CONNECTIONS (How many of the d/or Transient Accommodations (Campsites, RV sil | e followi | ng do yo | u have?) | real real real real real real real real | | | 0 | 225 122 | | | | |
| | /Business, School, Day Care, Industrial Services, e | | J(G)/OVE/HIGH | n unito) | | | | 0 | | 0 | | | |
| b. mattatorial, commercial | Journal of House, of | 111 (121) | TOTAL S | SERVICE | CONNEC | TIONS | | 0 | | 71 | | 7 | |
| | | 2 0. | IVIAL | LICTIOL | JOHNE | | | | | | 0.600,000 | <u> </u> | |
| 1 689.0500000000000000000000000000000000000 | SIDENTIAL POPULATION | | | aniana Animanda | | 470 | | | | | Dear Phili | and from | Medical |
| A. How many resident | s are served by this system 180 or more day | ys per yea | r? | | | 178 | | | | | | | |
| 30. PART-TIME RE | SIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| 00.000000000000000000000000000000000000 | e residents are present each month? | 3, 359, 359, 359, 359, 359, 359, 359, 35 | | | | | | | | | | | |
| B. How many days pe | r month are they present? | | | | | | | | | | | | |
| 31, TEMPORARY 8 | TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JÜL | AUG | SEP | ОСТ | NOV | DEC |
| | tors, attendees, travelers, campers, rs have access to the water system | | | | | | | | | | | | |
| B. How many days per public? | r month is water accessible to the | | | | | | | | | | | | |
| 32. REGULAR NO | N-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| A. If you have schools, to your water systen children and/or emp | daycares, or businesses connected n, how many students daycare loyees are present each month? | | | | | | | | | | | | |
| B. How many days per | r month are they present? | | | | | | | | | | | | |
| 33. ROUTINE COL | LIFORM SCHEDULE | JAN 1 | FEB | MAR 1 | APR | MAY 1 | JUN 1 | JUL 1 | AUG 1 | SEP 1 | OCT | NOV 1 | DEC |
| | | | | | | | <u> 1419 2519</u> | | A DESCRIPTION OF THE PARTY OF T | a morning | | | |
| | | | | | | | | | | | | | |
| 35. Reason for Su | bmitting WFI: | | | LOS III | | Participal Control | | | | | | | |
| ☐ Update - Chan | ge 🔲 Update - No Change 🔲 | Inactiva | ite 🔲 | Re-Activ | ate □ | Name Cl | nange | □New | Systen | n 🗆 Oth | er | | |
| 36. I certify that | the information stated on this Wi | I form i | s correc | t to the | best of | my knov | vledge. | | | | | | |
| SIGNATURE: | | | | | | | TE: | | | | | | |
| PRINT NAME: | | | | | | | rle: _ | | | | | | |
| | | | | | | | | | | | | | |

Water System Copy

2

Page:

DOH 331-011 (Rev. 06/03)

Sentry DOH



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2 Updated: 11/28/2006

ONE FORM PER SYSTEM

Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| 1. SYSTEM ID NO. 2. SYSTEM NAME 29345 M GREENBRIAR W. | /ATER SYSTEM | 3, COUNTY PIERCE | 4. GROUP 5, TYPE A Comm | | | | | |
|---|--|---|--|--|--|--|--|--|
| 6. PRIMARY CONTACT NAME & MAILING ADDR Chic BOB BLACKMAN [MAN PO BOX 44427 TACOMA, WA 98448-0 | if Ops Officer (AGER] | 7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 | 8. Owner Number 000212 TITLE: OWNER CONTACT | | | | | |
| STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY S | STATE ZIP | STREET ADDRESS IF DIFFERENT FROM AID ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP | BOVE STATE WA ZIP 98375 | | | | | |
| | 37-6634 x1213 | 10. OWNER CONTACT INFORMATION Owner Daytime Phone: (253) 537 | -6634 | | | | | |
| | i37-6634 nierviewwater.com | Owner Mobile/Cell Phone: Owner Evening Phone: (253) 537 Fax: (253) 537-7896 E-mail: irene | -6634 e@ranierviewwater.com | | | | | |
| MAC 246-290-4 11. SATELLITE MANAGEMENT AGENCY - SMA Not applicable (Skip to #12) Owned and Managed Managed Only Owned Only | | provide 24-hour contact information for en | SMA Number: | | | | | |
| 12. WATER SYSTEM CHARACTERISTICS (mark □ Agricultural □ Commercial / Business □ Day Care □ Food Service/Food Permit □ 1,000 or more person event for 2 or more days p | ☐ Hospital/Clir ☐ Industrial ☐ Licensed Re ☐ Lodging | □School sidential Facility □Temp □Other | | | | | | |
| 13. WATER SYSTEM OWNERSHIP (mark only or ☐ Association ☐ County ☐ City / Town ☐ Federal | Investor | ☐ Special District ☐ State | 14. STORAGE CAPACITY (gallons) 12,000 | | | | | |
| LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE SO1 WELL #1 ABA696 | 17 18 SOURCE CATEGO CAT | SE WATER SE WATER Y / INF. GALLERY NENT NAL ENCY E METERED ATION TION DATION ATION (UV) | CAPACITY (GALLONS 1/4 SECTION 1/4 SECT | | | | | |
| S02 UNAPPROVED SPRING | | X X X | 0 00N 00E | | | | | |

| 1. SYSTEM ID NO. 2. SYSTEM NAME 29345 M GREENBRIAR WATER SYST | EM | | | 000000000000000000000000000000000000000 | COUNTY ERCE | | | | 4. (| GROUP A | 5. т Со | 4.16.545 | | | |
|--|--|------------------|--------------|---|----------------------------------|---|------------------------|-------------|--------------------------------|------------|------------------|---|--|--|--|
| | | | | | | 000 (00) (000 (000 (00) (000 (00) (000 (00) (000 (00) (000 (00) (00) (000)(00) (000 (00) (00 | ACTIVE SEF | ONS | DOH USE CALCUL CTIVE CON | ATED | DOH USE APPRO | 900000000000000000000000000000000000000 | | | |
| 25. SINGLE FAMILY RESIDENCES (How many of the foll- | owing do | you hav | re?) | | 1011 in (1) 11 1011 in (1) 11 | | 0 | ii) | 16 | Market | Unapp | roved | | | |
| A. Full Time Single Family Residences (Occupied 180 days or more per year) | | | | | | | 16 | | | | | | | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year | r) | | | | | | 0 | | | | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man | y of the f | ollowing | do you h | nave?) | | 160 (1941) | | | | | | | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms | | | | | | | 0 | | | | | | | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms th | at are occup | ied more tha | an 180 days/ | year | | | 0 | | | | | | | | |
| C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms th | nat are occu | oied less tha | n 180 days/y | /ear | | | 0 | | | | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of th | e followi | ng do yo | u have?) | uradini. | 0.000 | | | | | | | | | | |
| 400000000000000000000000000000000000000 | ecreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units) 0 | | | | | | | | | | | | | | |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, e | | 0 | i i i | | | | | | | | | | | | |
| | | | 16 | | | | | | | | | | | | |
| THE STATE OF THE S | | | | | | | | | | | | | | | |
| FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> day. | ys per yea | 66 Jaio 16 17 | | ene alli. Pramiti in | 33 | | 2.012.05 (1.012.05) | | | | | | | | |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | | | |
| A. How many part-time residents are present each month? | 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | A 9 (18316) | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | | | |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | | | |
| If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | JAN 1 | FEB | MAR 1 | APR | MAY 144 | JUN 1 | | AUG 1 | SEP 1 | OCT | NOV 1 | DEC 1 | | | |
| 35. Reason for Submitting WFI: Update - Change Update - No Change 36. I certify that the information stated on this WF SIGNATURE: | | | | | my knov | vledge. .TE: | | | □ Oth | | | | | | |
| PRINT NAME: | | | | | TI1 | LE: _ | | | | | | | | | |

Sentry DOH



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2 Updated: 11/28/2006

ONE FORM PER SYSTEM

Updated: 11/28/2006 Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| 1. SYSTEM ID NO. 2. SYSTEM NAME 77147 E HENDERSON BAY WA | ATER SYSTEM | 3. COUNTY PIERCE | | 4. GROUP A | 5. TYPE Comm |
|--|---|--|--|--|-------------------------------|
| 6. PRIMARY CONTACT NAME & MAILING ADDRESS | elis yaran dinaman nebilah mereki Maruka disebahan mendan kush | 7. OWNER NAME & MAILING | ADDRESS | 8. Owner Number 00 | 0212 |
| Chief (ROBERT BLACKMAN [MANA PO BOX 44427 TACOMA, WA 9844468 | Ops Officer GER] | RAINIER VIEW WAT BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 | TI | tle: OWNER COM | NTACT |
| STREET ADDRESS IF DIFFERENT FROM ABOVE | | STREET ADDRESS IF DIFFERI | ENT FROM ABOVE | 12.5.1 | |
| ATTN | | ATTN | | | |
| ADDRESS | 710 | ADDRESS 5410 189TH S | | TE 1414 000 | |
| CITY STATE | ZIP | CITY PUYALLUP | | TE WA ZIP 983 | 3/5 |
| 9. 24 HOUR PRIMARY CONTACT INFORMATION | | 10. OWNER CONTACT INFOR | | shortlers deplin | |
| Primary Contact Daytime Phone: (253) 537-663 Primary Contact Mobile/Cell Phone: | 34 | Owner Daytime Phone: Owner Mobile/Cell Phone: | (253) 537-6634 | | |
| Primary Contact Evening Phone: (253) 537-663 | 21 | Owner Evening Phone: | (253) 537-6634 | | |
| 2 (200) 001 000 | | | E-mail: irene@ranie | erviewwater com | |
| (x >)) / (v v) (x >) (v v v v v v v v v v | er Viewwater.com guires that water systems pr | ovide 24-hour contact inform | | | |
| 11. SATELLITE MANAGEMENT AGENCY - SMA (check of Managed SMA) Managed Only Owned Only Owned Only | nly one) | | | SMA Number: | |
| 12. WATER SYSTEM CHARACTERISTICS (mark ALL that □ Agricultural □ Commercial / Business □ Day Care □ Food Service/Food Permit □ 1,000 or more person event for 2 or more days per year | t apply) Hospital/Clinic Industrial Licensed Resi Lodging Recreational / | dential Facility | ■Residential □School □Temporary Farm □Other (church, fire | | |
| 13. WATER SYSTEM OWNERSHIP (mark only one) | k i kriji pastajis (37.10.) P | | | FORAGE CAPACITY (| jallons) |
| ☐ Association ☐ County ☐ City / Town ☐ Federal | Investor □ Private | ☐ Special Dist ☐ State | trict | 0 | |
| 15 16 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | | ancest saadu maarkanee ses masse | 21 22 | 23 | 24 |
| SOURCE NAME INTE | | 19 2 RY USE 0 1 | TREATMENT DEPTH | | E LOCATION |
| LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 INTER SYST IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE | MA WELL HELD FIELD IN SPRI | SURFACE WATER RANNEY / INF. GALLERY OTHER PERMANENT SEASONAL EMERGENCY SOURCE METERED NONE | FILTRATION FILUORIDATION IRRADIATION (UV) OTHER DEPTH TO FIRST OPEN INTERVAL IN FEET | CAPACITY (GALLONS PER MINUTE) 1/4, 1/4 SECTION | SECTION NUMBER TOWNSHIP RANGE |
| S01 WELL 1 AEF324 S02 WELL 2 ABE925 | X | X N X | 113 | 30 SE SW | 24 22N 01E |
| OUZ WELL Z ADESZU | | X | 127 | 45 SE SW | 24 22N 01E |
| | | | | | |
| \$100 km | | | 1 1 1 1 1 | 1 1 | 1 I I |

| 1. SYSTEM ID NO. 77147 E | 2. SYSTEM NAME HENDERSON BAY WATER S' | YSTEM | | | | an endd | 4.0 | ROUP A | 5. TYPE Comm | | | | |
|--|--|--|---------------|--------------|---------|------------------------------|--|------------|-----------------|---|--------------|------------------|-------|
| | | | | | | | 14 a 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ACTIVE SEF | ONS | DOH USE CALCUL ACTIVE CON | ATED | DOH USE APPRO | |
| 25. SINGLE FAMILY | RESIDENCES (How many of the following | owing do | you hav | e?) | | rprocedli (*) Jest Carres | ree Leelfskij | 0 | | | | 22 | 2 |
| | Residences (Occupied 180 days or more per year) | | | | | | | 22 | | | | | |
| | Residences (Occupied less than 180 days per year | | -11 | ما درمان لما | ava2\ | angular in | | 0 | (a seed to see | | | | |
| a service a report of the | RESIDENTIAL BUILDINGS (How many dos, duplexes, barracks, dorms | or the r | ollowing | ao you n | aver | <u> Zene</u> | 0.000 | 0 | and of the | | | | |
| , | ts in the Apartments, Condos, Duplexes, Dorms that | at are occup | ied more tha | n 180 days/y | /ear | | | 0 | | | | | |
| C. Part Time Residential Un | its in the Apartments, Condos, Duplexes, Dorms th | at are occup | oied less tha | n 180 days/y | ear | | | 0 | | | | | |
| | AL CONNECTIONS (How many of the | | | | | i ijini | , palli | | | CONTRACTOR OF THE PROPERTY OF | | | |
| | d/or Transient Accommodations (Campsites, RV sit | | tel/overnigh | t units) | | | | 0 | | 0 | | 0 | |
| B. Institutional, Commercial | /Business, School, Day Care, Industrial Services, e | | TOTAL | SERVICE | CONNE | STIONS | | 0 | | 22 | and the same | 2: | |
| | £1111 | A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON N | | | | Landa 4 | _ | | | | | | |
| Table 1 Control of the Control of th | SIDENTIAL POPULATION | | | | | | | | | | | | |
| A. How many resident | s are served by this system 180 or more day | s per yea | r? | | | 55 | | | | | | | |
| 30. PART-TIME RE | SIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| A. How many part-time | e residents are present each month? | | | | | | | | | | | | |
| B. How many days pe | r month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY 8 | TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. How many total visit patients or customer each month? | tors, attendees, travelers, campers, rs have access to the water system | | | | | | | | | | | | |
| B. How many days per public? | r month is water accessible to the | | | | | | | | | | | | |
| 32. REGULAR NO | N-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| A. If you have schools, to your water systen children and/or emp | daycares, or businesses connected n, how many students daycare loyees are present each month? | | | | | | | | | | | | |
| B. How many days pe | r month are they present? | | | | | | | | | | | | |
| 33. ROUTINE COI | LIFORM SCHEDULE | JAN 1 | FEB | MAR 1 | APR | MAY 1 | JUN 1 | I JUL | AUG | SEP 1 | OCT 1 | NOV 1 | DEC 1 |
| 35. Reason for Su | Secretary and the secretary secretar | | | | | | 251 111 111 111 111 111 111 111 111 111 | | | | | | |
| ☐ Update - Chan | ge □ Update - No Change □ | Inactiva | ite 🔲 | Re-Activ | ate 🗆 | Name C | hange | □New | Syster | n □Oth | er | | |
| 36. I certify that | the information stated on this Wi | I form i | s correc | t to the | best of | my knov | wledge | Э. | | | | | |
| SIGNATURE: | | | | | | DA | ATE: | | | | | | |
| PRINT NAME: | | | | | | TI | ΓLE: | | | | | | |
| | | | | | | | | | | | | | |

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:

2



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2

ONE FORM PER SYSTEM

Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 3. COUNTY 4. GROUP 5. TYPE 1. SYSTEM ID NO. 2. SYSTEM NAME PIERCE Comm MUCK CREEK HILL WATER SYSTEM Α 50225 H 6. PRIMARY CONTACT NAME & MAILING ADDRESS 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 Chief Ops Officer BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO PO BOX 44427 **BOB BLACKMAN** TITLE: OWNER CONTACT TACOMA, WA 98448-0427 PO BOX 44427 TACOMA, WA 98448 STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS ADDRESS 5410 189TH ST E CITY STATE ZIP CITY STATE WA ZIP 98375 **PUYALLUP** 9. 24 HOUR PRIMARY CONTACT INFORMATION 10. OWNER CONTACT INFORMATION **Primary Contact Daytime Phone: Owner Daytime Phone:** (253) 537-6634 x1213 (253) 537-6634 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: **Primary Contact Evening Phone: Owner Evening Phone:** (253) 537-6634 (253) 537-6634 Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: ☐ Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) ☐ Hospital/Clinic **E**Residential ☐ Agricultural Commercial / Business ☐ Industrial School ☐Temporary Farm Worker □Day Care ☐ Licensed Residential Facility Other (church, fire station, etc.): ☐Food Service/Food Permit ☐ Lodging □1,000 or more person event for 2 or more days per year ☐ Recreational / RV Park 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) **■** Investor ☐ Special District □ Association ☐ County 600 □City / Town ☐ Federal ☐ Private ☐ State 22 23 24 19 21 15 16 17 18 2 **DEPTH SOURCE LOCATION** SOURCE NAME INTERTIE **SOURCE CATEGORY** USE TREATMENT LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN INTERVAL IN FEET AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD Number RANNEY / INF. GALL INTERTIE Example: WELL #1 XYZ456 SECTION NUMBER RRADIATION (UV SURFACE WATER WELL IN A WELL 1/4 SECTION SYSTEM Source PERMANENT EMERGENCY WELL FIELD FILTRATION IF SOURCE IS PURCHASED OR INTERTIED, TOWNSHIP NUMBER LIST SELLER'S NAME Example: SEATTLE 173 39 36 181 WELL #A SE NE 03E S02 WELL #B Χ 262 50 SE NE 36 18N 03E S03 WELLS A.B Χ 50 SE NE 36 18N 173 03E

| SYSTEM ID NO. 2. SYSTEM NAME 50225 H MUCK CREEK HILL WATER SYSTEM | | | | | COUNTY RCE | | 4.) Septiminal | group A | 5. TYPE Comm | | | |
|--|-------------|---------|---------|--------|---------------|---|--------------------|----------------------|---------------------------------|---------------|----------------|-----------------|
| | | | | | , | | ACTIVE SEF | IONS | DOH USE CALCUL ACTIVE CON | ATED | DOH US APPR | STATE OF STREET |
| 25. SINGLE FAMILY RESIDENCES (How many of the following do you have?) 0 | | | | | | | | | 16 | | unio 1 | 6 |
| A. Full Time Single Family Residences (Occupied 180 days or <i>more</i> per year) | | | | | | | 16 | | | | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year) 0 | | | | | | | | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?) A. Apartment Buildings, condos, duplexes, barracks, dorms | | | | | | | | | | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms 0 B. Full Time Residential Units in the Apartments Condos Duplexes Dorms that are occupied more than 180 days/year | | | | | | | | | | | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year | | | | | | | | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?) | | | | | | | | | | | | |
| A. Recreational Services and/or Transient Accommodations (Campsites, RV sit | | | | | | | 0 | | 0 | | (|) Talaan |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, e | tc. | | | | | | 0 | | 0 | | (|) The last |
| | 28. | TOTAL S | SERVICE | CONNEC | CTIONS | | | | 16 |), is seen to | 1 | 6 |
| 29. FULL-TIME RESIDENTIAL POPULATION | | | | | | | | | | | | |
| A. How many residents are served by this system 180 or <i>more</i> day | /s per veal | r? | | | 40 | 100000000000000000000000000000000000000 | Lancia di Albanda | A SPECIAL CONTRACTOR | | telonini. | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | | | |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ост | NOV | DEC |
| A. How many part-time residents are present each month? | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | JAN 1 | FEB | MAR | APR | MAY 1 | JUN 1 | JUL 1 | AUG 1 | SEP | OCT | NOV 1 | DEC |
| 35. Reason for Submitting WFI: Update - Change Update - No Change Inactivate Re-Activate Name Change New System Other 36. I certify that the information stated on this WFI form is correct to the best of my knowledge. SIGNATURE: PRINT NAME: TITLE: | | | | | | | | | | | | |
| PRINT NAIVIE: | | | | | | | | | | | | |

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:

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WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2

ONE FORM PER SYSTEM

Jpdated: 06/25/2001

Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Non-Periodic update RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 5. TYPE 3. COUNTY 4. GROUP 1. SYSTEM ID NO. 2. SYSTEM NAME Comm **PIERCE** Α NELSON RIDGE WATER SYSTEM 06081 Y 6. PRIMARY CONTACT NAME & MAILING ADDRESS 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 Chief Ops Officer BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO PO BOX 44427 **BOB BLACKMAN** TITLE: OWNER CONTACT TACOMA, WA 98448-0427 PO BOX 44427 TACOMA, WA 98448 STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ATTN ADDRESS ADDRESS 5410 189TH ST E ZIP CITY STATE WA CITY STATE ZIP 98375 **PUYALLUP** 9. 24 HOUR PRIMARY CONTACT INFORMATION 10. OWNER CONTACT INFORMATION Owner Daytime Phone: Primary Contact Daytime Phone: (253) 537-6634 x1213 (253) 537-6634 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: **Owner Evening Phone:** (253) 537-6634 **Primary Contact Evening Phone:** (253) 537-6634 Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: ☐ Owned and Managed SMA NAME: ☐ Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) ☐ Hospital/Clinic Residential ☐ Agricultural □School Commercial / Business ☐ Industrial ☐ Licensed Residential Facility ☐Temporary Farm Worker □Day Care Other (church, fire station, etc.): ☐Food Service/Food Permit ☐ Lodging □1,000 or more person event for 2 or more days per year ☐ Recreational / RV Park 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Investor ☐ Special District ☐ County □ Association 40.000 ☐ State □City / Town ☐ Federal ☐ Private 22 23 21 24 18 19 15 16 17 DEPTH SOURCE LOCATION USE TREATMENT SOURCE NAME INTERTIE **SOURCE CATEGORY** LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN AND WELL TAG ID NUMBER. CAPACITY (GALLONS SPRING IN SPRINGFIELD INTERVAL IN FEET Number PER MINUTE) GALL INTERTIE Example: WELL #1 XYZ456 SECTION NUMBER SURFACE WATER RRADIATION (UV WELL IN A WELL 1/4 SECTION SYSTEM Source RANNEY / INF. IF SOURCE IS PURCHASED OR INTERTIED, ID TOWNSHIP NUMBER LIST SELLER'S NAME Example: SEATTLE 35 03E 70 70 NW NE WELL

| A | 1. SYSTEM ID NO. 2. SYSTEM NAME NELSON RIDGE V | 2. SYSTEM NAME NELSON RIDGE WATER SYSTEM | | | | | | 3. COUNTY PIERCE | | | | | 5. TYPE Comm | | |
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| A Assister Sulfillings, coaster, designed, stresse, ferrors, Correct Country of the Solidering C | B. Part Time Single Family Residences (Occupied less than | 180 days per year | r) | | | | | | | | | | | | |
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